



Department: SCH All Users
Page: 1 of 3
Effective Date: 12/09/2013
Version: 5

Printed copies are for reference only. See the hospital intranet for approved version.

POLICY: Patient Rights

POLICY SUMMARY/INTENT:

- A. Hospital staff will protect and promote each patient's rights
- B. Patient rights and responsibilities will be clearly communicated to patients and staff.

KEY ELEMENTS:

- A. Patient Rights
 1. Each patient or their representative, when appropriate, will be informed of their rights in a language he understands prior to initiating or discontinuing treatment, whenever possible.
 2. Each patient has the right to impartial access to treatment, regardless of race, religion, sex, sexual orientation, ethnicity, age or handicap.
 3. The patient has the right to participate in the development of and to make informed decisions regarding his plan of care.
 - a. The patient has a right to be informed of his status and prognosis.
 - b. The patient has a right to request or refuse treatment although this is not to be construed as a mechanism for demanding treatment or services deemed medically unnecessary or inappropriate.
 - c. The patient has a right to make decisions about his plan of care without coercion, discrimination or retaliation.
 4. The patient has a right to have a surrogate (parent, legal guardian, person with medical power of attorney) exercise the patient's rights when the patient is incapable of doing so without coercion, discrimination or retaliation.
 5. The patient has the right to be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising his care or services.
 6. The patient has a right to formulate advance directives.
 7. The patient has a right to have a family member or representative of his choice and his own physician notified of his admission to the hospital.
 8. The patient has a right to personal privacy.
 9. The patient has a right to receive care in a safe setting.
 10. The patient has a right to be free from all forms of abuse or harassment.
 11. The patient has a right to the confidentiality of his clinical records.
 12. The patient has a right to access information contained in his clinical records within a reasonable timeframe.

13. The patient has a right to be free from restraints of any form which are not medically necessary to provide immediate physical safety of the patient, staff members or others. Restraints must be discontinued at the earliest possible time.
14. The patient has a right to know the professional status of any person providing his care or services.
15. The patient has the right to know the reasons for any proposed changes in the Professional Staff responsible for his care.
16. The patient has the right to know the reasons for his transfer either within or outside the facility.
17. The patient has the right to know the relationship of the facility to other persons or organizations participating in the provision of his care.
18. The patient has the right to the cost, itemized when possible, of services rendered within a reasonable period of time.
19. The patient has the right to be informed of the source of the facility's reimbursement for his services and any limitations which may be placed on his care.
20. The patient has the right to have pain treated as effectively as possible.
21. The patient's family has the right of informed consent or refusal of donation of organs and tissues in the event of the patient's death.
22. The patient's family has the right to request an autopsy of the deceased patient.
23. The patient has the right to request a bioethics review.
24. Process for prompt resolution of patient grievance, a formal written or verbal complaint filed by the patient when staff cannot resolve a patient issue promptly:
 - a. Through the SCH Patient Advocate department
 - 1) Grievances must be reviewed, investigated and resolved within a reasonable timeframe
 - 2) The patient will be provided with a written notice of decision containing name of hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results and the date of completion.
 - b. Through the State agency directly, regardless of whether the patient filed a grievance with the hospital.
 - c. The Hospital Governing Body must review and approve the grievance process.
25. The patient has the right to have access to protective services.
26. The patient has the right to be involved in ALL aspects of their care, including resolving problems with care decisions.
27. The patient has the right to be informed of unanticipated outcomes.
28. The patient has the right to be informed and agree to their care.
29. The patient has the right to have family input in their care decisions
30. The patient has the right to END of life care
31. The patient has the right to donate organs and other tissue, including the right to have medical staff input, direction from family, or a surrogate decision maker.

B. Patient Responsibilities

1. To be responsible for following instructions and to take responsibility for outcomes if instructions are not followed
2. To understand discharge instructions, including what medication to take and whether they are scheduled for follow up visits
3. To inform personnel of desired changes in Advance Medical Directives
4. To provide accurate insurance information to the hospital
5. To provide accurate and complete health information to the hospital
6. To follow instructions and ask for clarification, as necessary
7. To follow hospital rules and regulations
8. To respect the rights of others

REFERENCE: Federal Register 42 CFR 482. Part IV (December 8, 2006); University of Washington Medical Center "Patient Rights & Responsibilities" brochure; American Society of Healthcare Risk Management; SCH Bioethics Committee

APPROVAL: Hultberg, Nancy (Chief Nursing Officer)



Department: SCH All Users
Page: 5 of 5
Effective Date: 10/15/2012
Version: 5

Printed copies are for reference only. See the hospital intranet for approved version.

INFORMED CONSENT POLICY

POLICY SUMMARY/INTENT:

Sunnyside Community Hospital System has the responsibility to its patients to provide competent medical care. Inherent in that responsibility is an obligation not to violate the rights of the patient that might be affected. Fundamental among these is the right of a person to determine what should be done to his or her body. Therefore, the patient's valid consent is necessary to preclude liability for violation of that right. Further, it should be noted that the protection of these rights is part of what is basically a contractual relationship between the hospital system and its patients.

DEFINITIONS:

A. **Informed Consent** – consent to medical care or treatment must be informed to be effective. This requires that the patient (or the patient's legal representative if the patient is not competent) understand:

1. The nature and character of the proposed treatment and procedures to be performed.
2. The anticipated results of the proposed treatment and procedures.
3. The hazards, which the usual reasonable person would place significance on in reaching a decision.
4. The recognized serious possible risks, complications, and anticipated benefits involved in the proposed treatment and in the recognized possible alternative forms of treatment, including non-treatment.

The above implies that the informed consent discussion is conducted at a level that can be understood by the patient, or his/her legal representative.

B. **Implied Consent, Generally:**

1. Consent may be implied from the fact of a patient's voluntarily entering a hospital and submitting to medical treatment. Reliance on this alone is hazardous and should not be depended upon, particularly where the contemplated treatment involves significant risks. The only exceptions are in an emergency, as explained in 2.a. below; or for alcohol and drug blood tests under the Driver's Implied Consent Law, in certain circumstances.

C. **Implied Consent, Emergencies:**

1. An emergency implies immediate treatment is necessary to preserve life, or to prevent serious deterioration or aggravation of the patient's condition. Where there is an emergency, and the patient's condition is such that he/she is unable to make an informed decision – and the consent of another person qualified to represent him or her is not available – consent to treatment is implied by law and an express consent is not required.

D. **Express Consent:**

1. Express consent to medical treatment or procedures is given by a competent patient or his or her authorized representative orally, in person or by telephone; in writing, by facsimile, telegram letter or signed consent form. The more explicit the express consent is, the less chance there is for misunderstanding. A written consent form in effect serves as a memorandum of understanding between the patient and the physician and/or hospital.

E. **Scope of Consent:**

1. Consent to extension or modification of an operation, and the extension or modification of the specific medical treatment authorized is implied. Consent may also be implied if there is an

emergency. It shall be at the sole discretion of the physician obtaining the consent as to the necessity of obtaining a new consent to cover the extension or modification of the operation.

F. Mentally Competent:

- a) A patient may be considered to be mentally competent until such time as evidence to the contrary becomes obvious or known.

G. Mentally Incompetent:

- a) With some exceptions, under Washington law an "incompetent" is a person who is under the age of eighteen (18) years old, or who is incompetent by reason of mental illness, developmental disability, senility, habitual drunkenness, excessive use of drugs, or other mental incapacity, to manage one's property, or to care for oneself, or both.

H. Disclosure guide:

- a) The patient is endowed with the right to know each hazard, which the usual person would utilize in reaching his/her decision. When a reasonable person in the patient's position probably would attach significance to the specific risk in deciding on treatment, the risk is material and must be disclosed.

KEY ELEMENTS:

A. Scope of Consents:

1. The general consent to treat is obtained when a patient signs the Admission Form and is intended to cover all routine care and treatment. This form will not be relied on for giving informed consent to surgical or other special treatments or procedures.
2. A general consent for hospital treatment must be obtained for all patients admitted to or treated at the hospital. This includes Emergency Services and Ambulatory Care Admissions.
 1. Except for emergencies, all general consents must be documented on the standard consent form and must be obtained at the time of admission, generally by admitting personnel.
 2. In the Hospital Clinics the patient has made an appointment and presented for health care; therefore, it is implied that the patient gives consent to be seen and treated-a general consent is not used. Informed consents are obtained for invasive procedures or tests.
3. Informed consents must be obtained for all treatment beyond routine hospital services, routine diagnostic procedures, and/or for any procedure which may result in extra ordinary risk to the patient, such as the administration of blood products or use of investigational drugs.
 1. Hospital informed consent forms include, but are not limited to:
 - 1) "Special Consent to Operation, Post Operative Care, Medical Treatment, or Other Procedure"
 - 2) "Request and Consent for Blood Transfusion"
 - 3) Consent for donation of anatomical gift ("Disposition of Body/Donor Inquiry"
 - 4) Cardiac Stress Test - Consent for Treatment
 - 5) Consent for I.V. contrast injection
 - 6) Consent for Labor Induction
 - 7) Consent to photograph

B. Emergency Consent:

1. If delay for purposes of obtaining consent would jeopardize the condition of the patient, there is implied consent. The implied consent in an emergency is to the treatment of the emergency only.
2. The nature of the emergency and the plan of treatment should be documented in the patient's medical record.

C. Responsibility for Obtaining Consent:

1. The general consent is the responsibility of the Admitting Office personnel, with the exception of the night shift obstetric patients. In this case, the nurse is responsible.
 1. The contents of the consent form should be explained to the patient or his/her representative, at a level that can be understood by the patient/representative.

2. The informed consent for medical treatment and procedures is the responsibility of the treating practitioner.
 1. The written consent serves as a memorandum of understanding between the patient and physician.
 - 1) The treating provider should clearly discuss the nature of the procedure, anticipated benefits and risks prior to elective procedures.
 - 2) Additionally, the provider should document that the procedure, possible risks and complications of the procedure, alternatives to the procedure and verification that the patient understands and agrees to the procedure.
 - 3) Although it is the responsibility of the provider to explain and obtain informed consent, it is the responsibility of the hospital to assure that this has happened.
 2. Disclosure:
 - 1) Full disclosure is a verbal description of any information that the provider feels is significant in the proposed treatment or procedure.
 - 2) Limited disclosure should be utilized upon patient request and an explanatory note should be made in the patient's medical record.

D. Retention of Consent Form:

1. The physician, hospital and patient should each retain a copy of the completed consent form.

E. Who May Give Consent:

1. Adults (eighteen years of age and older) must give their own consent for medical or surgical care.
 1. Persons in custody of the law must give their own consent except in case of alcohol or drug blood tests under the Drivers Implied Consent Law (RCW 46.20.308); consent is implied under certain circumstances.
 2. For persons who have a court-appointed guardian, consent must be obtained from the guardian.
2. Minors (under the age of eighteen) require the consent of a parent or legal guardian.
 1. The consent of both parents is preferable but the consent of either parent is acceptable unless the parents disagree about giving consent. In that case, only emergency treatment can be provided.
 - 1) If the parents are divorced and disagree about giving consent for treatment AND the court order (parenting plan) gives the health care decision-making responsibility to one parent, that parent has the right to give or withhold consent for treatment.
 - (a) If there is both a court-appointed guardian and a parent, the guardian has the right to give consent for treatment.
 2. Exceptions – when consent from a parent or guardian is not necessary:
 - 1) Emergencies;
 - 2) Emancipated minors. A minor married to a person eighteen years of age or older, or having a court order determining the minor to be emancipated, or a minor who is economically independent, free of parental control AND has the capacity to make a mature decision about their well-being;
 - 3) Minor with sexually transmitted disease and who is fourteen years of age or older.

F. Minor giving consent for the care of another: An unmarried minor parent may consent to medical treatment for his/her child, provided the minor is neither so young nor immature as to be incapable of giving informed consent.

G. If the child is illegitimate, the mother may give consent for treatment.

1. If the father has legitimized the child, AND if there is a court order granting him the right to make health care decisions or granting legal custody, the father may give consent to treatment.

H. Authorized representative for minors: Under RCW 7.70.065(2)(a), consent to health care for a minor who is not authorized by law to provide informed consent form him or herself may be given by the following classes of persons in order of priority:

1. The appointed guardian, or legal custodian authorized pursuant to Title 26 RCW, of the minor patient, if any;

2. A person authorized by the court to consent to medical care for a child in out-of-home placement pursuant to chapter 13.32A or 13.34 RCW, if any;
 3. Parents of the minor patient;
 4. The individual, if any, to whom the minor's parent has given a signed authorization to make health care decisions for the minor patient;
 5. A competent adult representing himself or herself to be a relative responsible for the health care of such minor patient or a competent adult who has signed and dated a declaration under penalty of perjury pursuant to RCW 9A.72.085 stating that the adult person is a relative responsible for the health care of the minor patient. Such declaration shall be effective for up to six months from the date of the declaration.
- I. **Substituted consent for adult patients:** When medical treatment is required for an adult patient who is incompetent, the person who is authorized to give informed consent on behalf of the patient, (RCW 7.70.065), in order of priority are:
1. The appointed guardian;
 2. The individual to whom the patient has given a durable power of attorney encompassing the authority to make health care decisions;
 3. The patient's spouse;
 4. The patient's children who are at least eighteen years of age;
 5. The patient's parents;
 6. The patient's adult brothers and sisters.
 1. Rules under which such a consent is obtained:
 - 1) If the provider seeking the consent makes reasonable efforts to locate and secure authorization from a competent person in the first or succeeding class and finds no such person available, authorization may be given by any person in the next class, in order of descending priority.
 - 2) No person may provide informed consent if a person of higher priority has refused to give such authorization; or if there are two or more individuals in the same class and the decision is not unanimous among all available members of that class.
 - 3) The incompetent patient's representative, before giving consent, must determine in good faith that the patient, if competent, would have consented to the proposed health care. If that determination cannot be made, the representative then may consent only if the proposed health care is found to be in the best interests of the patient.
- J. **Substituted consent for minor patients:**
1. When a minor requires medical treatment and a legally authorized person cannot be located and medical treatment is imperative, but an emergency does not exist, court authorization must be obtained.
- K. **Proof of Consent:**
1. Written consent for medical treatment should contain the following elements (RCW 7.70.060):
 1. Full legal name of the patient
 2. Name of the hospital in which treatment is to be performed
 3. Full name of the provider performing the procedure
 4. Nature, anticipated results, alternatives to and risk of proposed treatment including non-treatment
 - 1) The complete and correct name of the procedure or test without abbreviations
 - 2) The correct body part involved
 5. When the proposed treatment will be given
 6. Date and time of signing the consent
 7. Signature of the patient or patient's representative in ink.
 - 1) If the patient signs with a mark, such as "X", it must be signed by a witness.
- L. **Oral Consent:**
1. Oral consent in person may be given if the medical treatment consented to is documented by two witnesses and signed.
 2. Oral consent by telephone may be given if:
 1. There is a witness listening in, and the patient's legal representative is informed of it.

2. There is a written record of the conversation, identifying parties, time and circumstances.
 - 1) The conversation and consent may be recorded if the other party consents to being recorded and that this is repeated for the recording.

M. Refusal of Consent:

1. A competent adult may refuse treatment, for any reason, no matter how unreasonable this may seem to others. The refusal must be respected. The refusal should be confirmed in writing in the record.
 1. If the patient will not sign that they are refusing treatment, the discussion of refusal should be noted and signed by the provider and a witness other than the provider.
2. If medical treatment for a minor who is not authorized to give their own consent, is refused consent by the parents or other authorized person and the treatment is not emergent, nothing will be done.
 1. If an emergency exists, and such consent is refused, or if the minor is a ward of the court, the Juvenile Court should be contacted if time permits.

REFERENCE: Washington State Hospital Association Consent Manual

AUTHOR: Sheila Robinson, QMC/Risk Management

APPROVAL: Hultberg, Nancy (Chief Nursing Officer)